CONTRACT REVIEW CHECKLIST

Other Party: _____

Contract Type: ☐Facility/Land/Space/Equip Use ☐Entertainment/Performance ☐Co-sponsorship
☐Tech Assist Agreement ☐Affiliation ☐Vendor ☐Other/Misc.

N/A	YES	
☐	☐	1. THE PARTIES TO THE CONTRACT ARE CLEARLY DEFINED AND CORRECT
☐	☐	2. ENSURE THERE ARE NO CONFLICTS OF INTEREST
☐	☐	3. THE DATES AND/OR TERM OF THE CONTRACT IS CLEARLY INDICATED
☐	☐	4. THE DESCRIPTION OF OUR RESPONSIBILITIES AND THE OTHER PARTY'S RESPONSIBILITIES ARE COMPLETE, CORRECT, AND UNAMBIGUOUS
☐	☐	5. ORDER OF PRECEDENCE IS APPROPRIATE
☐	☐	6. CONTRACT DOES NOT STIPULATE CONFIDENTIALITY OF TERMS
☐	☐	7. AMENDMENTS OR CHANGES INITIALED/SIGNED BY BOTH PARTIES
☐	☐	8. THE DOLLAR AMOUNT AND PAYMENT SCHEDULE ARE CLEARLY DEFINED --Amount $_____ --Mailing addresses?
☐	☐	9. INDEMNIFICATION OF UNIVERSITY
☐	☐	10. INSURANCE COVERAGE / CERTIFICATE OF INSURANCE
☐	☐	11. GOVERNING LAW / VENUE AND JURISDICTION --State Of Indiana
☐	☐	12. USE OF UNIVERSITY NAME
☐	☐	13. COORDINATION REQUIRED WITH OTHER DEPT'S OF THE UNIVERSITY
☐	☐	14. PERSONAL SERVICES -- PAYEE CERTIFICATION FORM 21
☐	☐	15. IF CO-SPONSORSHIP, DOES UNIVERSITY RECEIVE BENEFITS/PUBLICITY?

COMMENTS / DESCRIPTION:

Reviewer:_____Date:_____

For _____(School/Dept/Unit) (Rev. 11/05)